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CONFIRMATION NO. 4413

<b>SERIAL NUMBER</b> 10/551,756	<b>FILING OR 371(c) DATE</b> 07/11/2006 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> OHK13001
<b>APPLICANTS</b> Toshimitsu Ohki, Tochigi, JAPAN; Yoshiharu Shin, Tochigi, JAPAN; Takashi Takaki, Chiba, JAPAN; Yasushi Nishii, Chiba, JAPAN; <i>SKS</i>				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP05/05313 03/16/2005 <i>SKS</i> <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2004-084569 03/23/2004 <i>SKS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/05/2006</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>SKS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 6
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 23364				
<b>TITLE</b> Orthodontic base				
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	